

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LARSON HOUSE I (110452)

Address: 550 RIVER RD, COLUMBUS, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 02/29/1996

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096927 **End Date:** 05/10/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008369 Served 05/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0091925 **End Date:** 02/04/2004 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007935 Served 02/10/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT	05/10/2006	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	05/10/2006	Yes

Survey ID: 0090561 **End Date:** 06/26/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 02/09/2004 **SOD #**10007935 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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